

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM OFFICE  
PUBLIC HEALTH AND SAFETY DIVISION  
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

**Protocol to Request Montana BRFSS Data Set(s)**

INSTRUCTIONS: Fill in the following information along with the signed Release Assurances Form on the next page and return to the Montana BRFSS Coordinator, DPHHS, 1400 Broadway B101, Helena, MT 59620-2951. These pages may also be completed electronically and returned by e-mail to the BRFSS Coordinator.

**Data Requester (Program)**

Date:  
Name:  
Title:  
Organization:  
Street:  
City:  
State/Zip:  
Telephone:  
FAX:  
E-Mail:

(individual and/or organizational unit) will be the "Data Steward" of the file(s) and will be responsible for observing all of the conditions stated within this release assurances form for use.

**Requested Data Files**

Check time periods requested:

<input type="checkbox"/> CY1984-1995 (combined)	<input type="checkbox"/> CY2001	<input type="checkbox"/> CY2007
<input type="checkbox"/> CY1996	<input type="checkbox"/> CY2002	<input type="checkbox"/> CY2008
<input type="checkbox"/> CY1997	<input type="checkbox"/> CY2003	<input type="checkbox"/> CY2009
<input type="checkbox"/> CY1998	<input type="checkbox"/> CY2004	<input type="checkbox"/> CY2010
<input type="checkbox"/> CY1999	<input type="checkbox"/> CY2005	<input type="checkbox"/> CY2011
<input type="checkbox"/> CY2000	<input type="checkbox"/> CY2006	<input type="checkbox"/> CY2012

(Note: CY = calendar year)

Specify file type: ☐ SAS ☐ SPSS

**Date Project is anticipated to begin:**

**Date Project will be completed:**

**Proposed use of requested data file(s):**

## RELEASE ASSURANCES FORM

**Confidentiality** of the BRFSS data files will be maintained as required by all federal and state laws and regulations governing confidentiality of such information, and if classified as research, by requirements specified by the applicable Institutional Review Board (IRB) for the protection of human research subjects. Individuals or organizations receiving BRFSS data files must sign this confidentiality and release assurances form.

**The undersigned investigator or data steward agrees to comply with the following conditions with respect to BRFSS data sets:**

1. I understand that the data shall not be used for any purpose other than that specified in this request.
2. BRFSS data files will be used only for statistical reporting and analysis. No information from the BRFSS data files will be published or disseminated in a form that might permit identification of an individual respondent.
3. The BRFSS data files described above will **NOT** be transmitted in whole or in part to any other persons.
4. No attempt will be made to contact or re-identify any respondents to the survey nor match information with other databases containing identifying information.
5. Commercial use, i.e., sale or distribution for profit, of the requested health data is not permitted.
6. The Centers for Disease Control and Prevention, Behavioral Surveillance Branch recommends suppressing values derived from calculations with denominators less than 50 or with confidence interval half-widths greater than 10 due to statistical unreliability. The requestor agrees to follow this recommendation.
7. Any oral or written report, publication, or presentation, including websites or other methods of data or statistics distribution derived from the BRFSS data shall acknowledge the Montana BRFSS and CDC as the source of the data as follows:

*Data Source: **Montana Behavioral Risk Factor Surveillance System, [year(s)] Behavioral Risk Factor Surveillance System Office, Montana Department of Health and Human Services, and supported in part by the Centers for Disease Control and Prevention Cooperative Agreement:***

- **U58/CCU800588 (for years 1983 - 2002)**
- **U58/CCU822808 (for years 2003 – 2008).**
- **DP001977 (for 2009)**
- **DP09-90102CONT10 (for 2010)**
- **DP09-100102CONT11 (for 2011)**
- **S011-110102CONT12 (for 2012)**

***The contents are the sole responsibility of the authors.***

8. Before dissemination to others, one electronic copy and at least two hardcopies of any presentations or reports, published or otherwise, based on use of the data will be provided to the Behavioral Risk Factor Surveillance System Office, Montana Department of Public Health and Human Services. The Montana BRFSS staff maintains the right to include the

study and results discussed herein as a possible topic for the MT BRFSS annual report or other MT BRFSS publications.

9. A new Release Assurances Form will be completed prior to beginning each project that uses Montana BRFSS data files.
10. When disposed of, all information provided under this agreement will be handled as follows:
  - a) Paper records will be shredded or burned;
  - b) Electronic storage devices and electronic files will be destroyed or completely erased.

**I acknowledge that access to information from the Montana Behavioral Risk Factor Surveillance System (BRFSS) data described above and provided by the Montana Behavioral Risk Factor Surveillance System Office, is granted solely upon the condition that I agree to abide by the terms set forth within this Release Assurances Form. I understand that breach of this agreement will result in immediate termination of future data provisions.**

Signature:

Name:

Title:

Organization:

Date:

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*The BRFSS Office staff reserves the right to approve proposals based on scientific and programmatic merit. If the impending analysis affects other Montana DPHHS programs, BRFSS Office staff may discuss the proposal with the appropriate programs prior to releasing the data to the requestor. Montana BRFSS Office reserves the right to limit the number of concurrent research studies.*

Reviewed by:

*BRFSS Office*

Date: